OMB No. 1615-0025 **I-508, Waiver of Rights, Privileges, Exemptions and Immunities**

Department of Homeland Security U.S. Citizenship and Immigration Services

(Under Section 247(b) of the INA)

Type or print in black ink.	Applicant must complete and submit all six pages of this form.		
Alien Registration Number: A#			
Last Name	First Name	Middle Name	
I,			
*	tus entitling me to a nonimmigrant clas Frader) or 15(G) (International Organiz	sification under paragraph 15(A) ation Representative) of section 101(a) of	
	s and immunities that would otherwise	mitted for permanent residence and hereby accrue to me under any law or executive	
NOTE: French Nationals receiving a Form I-508F.	salary from the French Republic are re-	quired to execute an additional waiver on	
1. I was born on: (mm/dd/yyyy)	At: (City/Providence/S	State/Country)	
<u> </u>			
2. I am employed by: (Name and Ad	ldress of Mission or Organization)		
3 U.S. Social Socurity Numbers	II C State Don	autment Issued	
3. U.S. Social Security Number: U.S. State Department-Is Personal Identification N		artment-issued ification Number (PID):	
	1013011111111111		
4 Signaturas		Data	
4. Signature:		Date:	
FOR GOVERNMENT	USE ONLY. (FRENCH NATIONALS PAID I	BY FRENCH REPUBLIC.)	
☐ FORM I-508F EXECUTED.	☐ EXEMPT.	☐ NOT EXEMPT FROM U.S. TAXES.	

Our Authority to Collect This Information.

The authority for collection of the information requested on this form is contained in 8 U.S.C. 1257(b). Submission of the information by an alien to request that he or she be permitted to retain status as an immigrant lawfully admitted for permanent residence is voluntary.

The solicited information on this form will be used principally by the U.S. Citizenship and Immigration Services (USCIS) to determine whether the status of the alien applicant shall be adjusted under the provisions of section 247(a) of the Immigration and Nationality Act (INA), 8 U.S.C. 1257(a), to that of a nonimmigrant as described by section 101(a)(15)(A), (E) or (G) of the INA, 8 U.S.C. 1101(a)(15)(A), (E) or (G). USCIS is comprised of offices of the former Immigration and Naturalization Service (INS).

As a matter of routine use, the information solicited may also be disclosed to other federal, state, local, or foreign law enforcement and regulatory agencies, the Department of State, Intenal Revenue Service, Department of Defense, including any component thereof (if the applicant has served in the Armed Forces of the United States); Central Intelligence Agency, Interpol and individuals and organizations. Disclosure of this information may be made during the course of an investigation to elicit further information required by USCIS to carry out its functions.

Failure to provide any or all of the solicited information may result in the alien's adjustment of status from that of a lawful permanent resident to that of a nonimmigrant classification under paragraphs 15(A), 15(E) or 15(G) of section 101(a) of the INA.

Paperwork Reduction Act Notice.

Under the Paperwork Reduction Act an agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachuetts Avenue, N.W., Washington, DC 20529; OMB No. 1615-0025. **Do not submit your application to this address.**

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Alien Registration Number: A#			
Last Name	First Name	Middle Name	
I,			
believe that I have an occupational statu (Government official), 15(E) (Treaty Tr the Immigration and Nationality Act.	· ·	ssification under paragraph 15(A) zation Representative) of section 101(a) of	
	and immunities that would otherwise	Imitted for permanent residence and hereby e accrue to me under any law or executive	
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1. I was born on: (mm/dd/yyyy)	At: (City/Providence/	/State/Country)	
2. I am employed by: (Name and Ada	dress of Mission or Organization)		
3. U.S. Social Security Number:		U.S. State Department-Issued Personal Identification Number (PID):	
4. Signature:		Date:	
FOR GOVERNMENT U	USE ONLY. (FRENCH NATIONALS PAID	BY FRENCH REPUBLIC.)	
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U.S. Citizenship and Immigration Services

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Alien Registration Number: A#				
Last Name	First Name	Middle Name		
I,				
Accordingly, I seek to acquire and/or retain the status of an alien lawfully admitted for permanent residence and hereby waive all rights, privileges, exemptions and immunities that would otherwise accrue to me under any law or executive order by reason of such occupational status. NOTE: French Nationals receiving a salary from the French Republic are required to execute an additional waiver on				
Form I-508F.				
1. I was born on: (mm/dd/yyyy)	At: (City/Providence/S	tate/Country)		
2. Lam ampleyed by: Al 144	I CM: · · · · · · · ·			
2. I am employed by: (Name and Ad	aress of Mission or Organization)			
3. U.S. Social Security Number:	U.S. State Depa Personal Identi	artment-Issued fication Number (PID):		
4. Signature:		Date:		
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